

Abbotsford  
Private Hospital

a member of the healthcare group

# TAMING THE BIG BAD WOLF OF CODEINE ABUSE

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# 'LICIT OPIATES'

- PHARMACEUTICAL OPIATES [PRESCRIBED AND NON PRESCRIBED AND OTC] ARE A SIGNIFICANT SOURCE OF MORBIDITY AND MORTALITY IN AUSTRALIA FOLLOWING THE LEAD FROM THE USA
- THEY ARE ALSO A SIGNIFICANT SOURCE OF ABUSE [AND DEPENDENCE?]
- DURING THE COURSE OF THIS PRESENTATION 6 PEOPLE IN THE USA WILL DIE FROM OPIATE OD
- IN A YEAR IN THE USA MORE PEOPLE DIE FROM OPIATES THAN TRAFFIC ACCIDENTS OR GUNSHOTS

# WHAT IS THIS BUILDING



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ADDICTION ?



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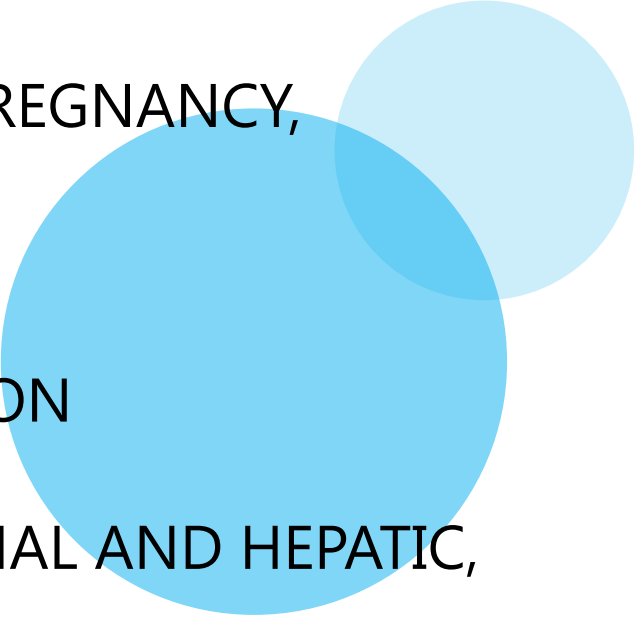




# THE NEXT ADDICTION?



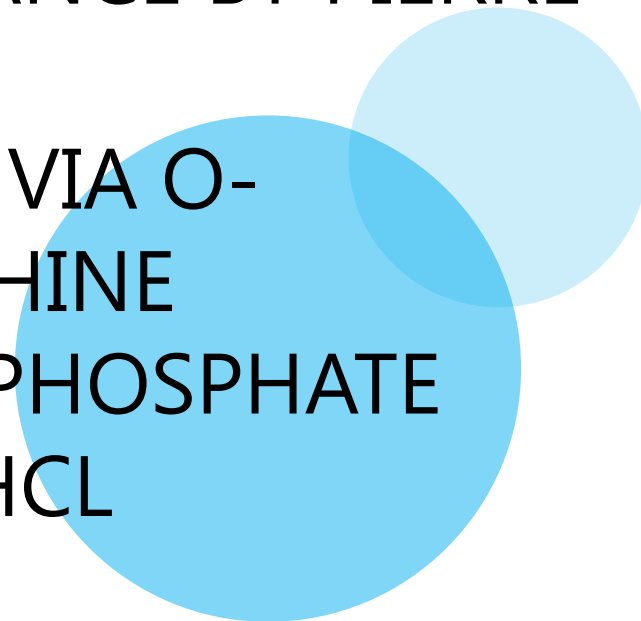
# ENDOGENOUS OPIOIDS

- BEHAVIOUR
  - PAIN AND ANALGESIA
  - STRESS AND SOCIAL STATUS
  - TOLERANCE AND DEPENDANCE
  - LEARNING AND MEMORY
  - EATING AND DRINKING
  - SEXUAL ACTIVITY, HORMONES, PREGNANCY, ENDOCRINOLOGY
  - MENTAL ILLNESS AND MOOD
  - SEIZURES
  - NEUROTRANSMITTER MODULATION
  - ACTIVITY AND LOCOMOTION
  - CARDIOVASCULAR, GI TRACT, RENAL AND HEPATIC, RESPIRATION, IMMUNOLOGY
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# ENDOGENOUS OPIOIDS

- ENDOGENOUS OPIOIDS ARE INVOLVED IN ASPECTS OF COGNITION AND MOOD AND IN MODERATION OF TEMPERAMENT AND PERSONALITY. **NOT JUST PAIN AND ABUSE**
- INVOLVED IN A WIDE RANGE OF PSYCHIATRIC DISORDERS
- PTSD
- ANXIETY, DEPRESSION, OCD, BIPOLAR
- SCHIZOPHRENIA
- ALCOHOL AND DRUG ABUSE
- PERSONALITY DISORDERS

# KODEIA

- CUP SHAPED, THE POPPY [GREEK]
  - 2% NATURALLY IN OPIUM FROM THE POPPY
  - 1<sup>ST</sup> ISOLATED 1832 IN FRANCE BY PIERRE ROBIQUET
  - NOWDAYS SYNTHESISED VIA O-METHYLATION OF MORPHINE
  - IN AUSTRALIA USUALLY PHOSPHATE SALT BUT WORLDWIDE HCL
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# 1MG ORAL MORPHINE EQUIVALENTS [PAIN MED]

- CODEINE 1MG MORPHINE X 0.15
- BUPRENORPHINE S/L 1MG MORPHINE X 37.5
- BUPRENORPHINE PATCH 2UCGM/HR=1MG ORAL MORPHINE
- SOMEONE TAKING 1 PACKET OF NUROFEN PLUS [COST \$10, 200MG IBUPROFEN, 12.8MG CODEINE PHOSPHATE] IS TAKING 6GM IBUPROFEN PLUS 384MG CODEINE
- OPIATE EQUIVALENCE
- 58MG MORPHINE [12MG Jurnista; 38MG OXYCONTIN]
- 1.55MG S/L BUPRENORPHINE
- 29UCGM/HR BUPRENORPHINE PATCH



# PRESCRIBABLE MEDICINES

- 58MG MORPHINE
- 1 JURNISTA 64MG TABLET [14] ONCE A DAY  
PBS
- 2 OXYCONTIN 20MG BD [28] PBS
- 3 TEMGESIC .2MG S/L TABLET 8 A DAY [50]  
NON PBS
- 4 SUBOXONE 2MG S/L [CPOP]
- 5 NORSPAN 10 + 20 PATCH [2] WEEKLY PBS

# WA HEALTH DEPARTMENT OPIATE PRESCRIBING GUIDELINES

- PRIOR AUTHORISATION NOT REQUIRED
- 1 GREATER THAN 18 YEARS OF AGE
- 2 OPIOIDS , NOT METHADONE, APPROVED FOR PAIN TREATMENT and COMBINED DAILY DOSE LESS THAN 90MG MORPHINE and
- 3 IMMEDIATE RELEASE DOSE LESS THAN 45MG MORPHINE and TREATMENT CONTRACT IN PLACE IF GIVING MORE THAN 90 DAYS

# AUTHORISATION?

- CODEINE IS AN IMMEDIATE RELEASE OPIATE AND 1 PACKET OF NUROFEN PLUS EXCEEDS THE 45MG MORPHINE IMMEDIATE RELEASE EQUIVALENT GUIDELINE FOR PRESCRIBING WITHOUT PRIOR AUTHORISATION
- 23 TABLETS OF NUROFEN PLUS [30 IN A PACKET] DOES NOT EXCEED THE LIMIT OF 45MG IMMEDIATE RELEASE MORPHINE EQUIVALENT

# OPPORTUNITY KNOCKS

- CODEINE CONTAINING MEDICINES GO FROM SCHEDULE 3 TO SCHEDULE 4 IN FEBRUARY 2018.
- MANY PATIENTS [HOW MANY?] TAKING OTC CODEINE WITHOUT THEIR GP'S KNOWLEDGE WILL NOW BE PRESENTING TO THEIR GP SEEKING SCRIPTS
- THIS 'COHORT' DOES NOT RESEMBLE A 'USUAL' OPIATE TAKING COHORT [EXCLUDING 'GENUINE' SUFFERERS OF PAIN]
- MANY WILL NOT PRESENT BUT OF THOSE PRESENTING THERE WILL BE A MIXTURE OF CASES

# DRUG USER 1

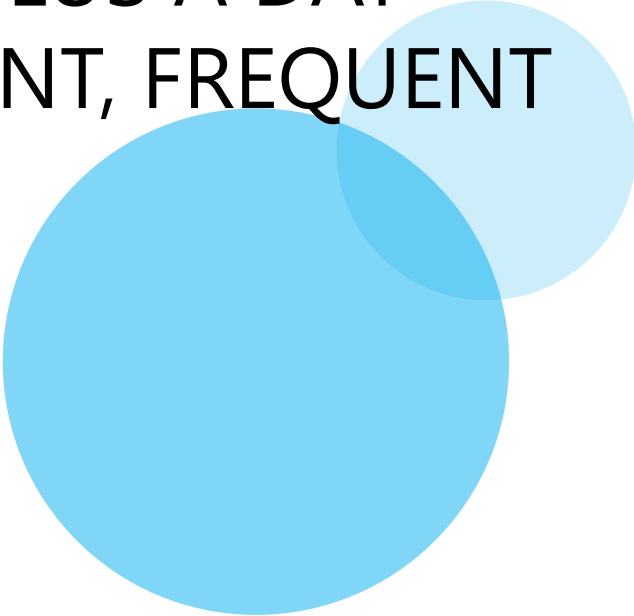




# DRUG USER 2



# WHAT CASES?

- 1 QUANTITY
  - LOW 2-8 NUROFEN PLUS A DAY
  - MEDIUM 8-16 NUROFEN PLUS A DAY
  - HIGH 16-60 NUROFEN PLUS A DAY
  - 2 FREQUENCY INFREQUENT, FREQUENT
  - 3 FOR HOW LONG
  - NOT LONG
  - A WHILE
  - FOR QUITE A WHILE
- 

# REASONS?

- PAIN - MILD TO MODERATE, REGULAR OR INTERMITTENT
- INSOMNIA
- ANXIETY
- DEPRESSION
- ALL OTHER PSYCHIATRIC REASONS
- ANGUISH
- ABUSE/MISUSE
- DEPENDENCE/WITHDRAWAL

# WHAT MEDICATIONS?

- ASPALGIN CODEINE 8MG, ASPIRIN
- MERSYNDOL CODEINE 9.75MG,  
PARACETAMOL, DOXYLAMINE
- NUROFEN PLUS CODEINE 12.8MG, IBUPROFEN
- PANADEINE CODEINE 8MG, PARACETAMOL
- MULTIPLE OTHER BRANDS WITH CODEINE  
RANGING FROM 5MG TO 15MG [PANADEINE  
EXTRA]
- ALSO SOME COLD AND FLU TABS HAVE  
CODEINE AND PSEUDOEPHEDRINE

OTC





# HOW WILL YOU KNOW 1?

- PATIENTS WILL ASK FOR SCRIPTS FOR PAIN
- PATIENTS HAVE SIDE EFFECTS SUCH AS GASTRIC BLEEDS, SALLOW APPEARANCE OR ALTERED BIOCHEMISTRY
- PATIENTS ARE IN WITHDRAWAL
- PATIENTS PRESENT WITH PSYCHIATRIC ISSUES OR INSOMNIA
- FORENSIC –FORGING SCRIPTS ETC
- PATIENTS ADMIT DEPENDENCE AND ASK FOR HELP

# HOW WILL YOU KNOW 2?

- TAKE A DRUG AND ALCOHOL HISTORY FOR ALL PATIENTS
- WHAT ARE YOU TAKING [ALCOHOL, NICOTINE, THC, SYNTHETIC CANNABIS, MDMA, DESIGNER DRUGS, METHAMPHETAMINE, COCAINE, CLUB DRUGS, CATHINONES, OPIATES [STREET, PHARMACEUTICAL, OTC]
- WHEN DID YOU START, FOR HOW LONG WAS IT 'HEAVY', WHEN DID YOU LAST USE, HOW DO YOU TAKE IT
- ANY IMPAIRMENT FROM YOUR USE
- ANY LEGAL ISSUES [DUI, POLICE CHARGES, VROs, DCP]
- HAVE YOU TRIED TO STOP
- WHAT TREATMENTS HAVE YOU TRIED

# HOW WILL I KNOW 3?

- ASK HOW MUCH OF "X" DO YOU TAKE RATHER THAN "DO YOU TAKE "X"
- CHECK UDS [OPIATES, METHADONE, 6-ACETYLMORPHINE]
- OPIATES = MORPHINE LIKE. NEGATIVE FOR FENTANYL, BUPRENORPHINE, PETHIDINE
- PHYSICAL EXAM-SALLOW COMPLEXION, ANAEMIC
- BIOCHEMISTRY-ALTERED ELECTROLYTES, LOW IRON, ANAEMIA, RAISED LFTs. ABNORMAL RENAL FUNCTION, ALTERED ACID-BASE BALANCE

# CLINICAL CASES

- MARY TAKES 2 MERSYNDOL TO SLEEP AT NIGHT
- JOHN TAKES 8 PANADEINE EXTRA A DAY FOR BACK PAIN
- SIMON TAKES 6 PANADEINE A DAY PLUS 2 VALIUM A DAY AND A BOTTLE OF WINE AT NIGHT AFTER A MVA. HE IS WORKING
- JOANNE SUFFERS FROM UNDISCLOSED CSA AND TAKES 30 NUROFEN PLUS A DAY. SHE ALSO HAS SEVERE PELVIC PAIN.
- FRED TAKES 2 PACKETS OF NUROFEN PLUS A DAY AND CLAIMS TO BE IN PAIN AND WANTS STRONG PAIN MEDS
- TERI HAS BEEN USING 2 PACKETS OF NUROFEN PLUS A DAY AND CANT GO WITHOUT HER MEDS BECAUSE SHE GETS ILL ALTHOUGH SHE HAS TRIED.

# CLINICAL APPROACHES

- SUPPLY THE SAME MEDS ON SCRIPT
- SWITCH TO MORE EFFECTIVE PAIN RELIEF [ARE THEY AN ADDICT, CAN YOU SUPPLY SCHEDULE 8 ANALGESIA TO THEM, DO YOU NEED A PAIN SPECIALIST, DO YOU USE SCHEDULE 4 PAIN RELIEF[NSAIDS, PARACETAMOL, TRAMADOL]
- DETOX AND DO NOT REPLACE
- SUBSTITUTE THE CODEINE WITH APPROPRIATE PSYCHIATRIC AND OTHER DRUGS ]INSOMNIA, ANXIETY, PTSD]
- SUBSTITUTION THERAPY FOR THE CODEINE [SUBUXONE OR METHADONE]
- SUBSTITUTION THERAPY PLUS PAIN RELIEF

# DETOX OPTIONS

- 1 THE STANDARD OPIATE REGIMEN  
CLONIDINE, VALIUM, IMMODIUM, MAXALON, SEROQUEL
- 2 NORSPAN PATCH  
TAKES A DAY TO WORK, COVER WITH OTHER MEDS FOR A DAY

60mg 60%  $\mu$  receptor occupancy required to obviate withdrawal, obtained with trough serum level of buprenorphine 1ng/ml = 2mg S/L or Norspan patch.

40mg Norspan patch = trough level 0.6ng/ml

- 3 INPATIENT STAY  
ABBOTSFORD, NEXT STEP, GENERAL HOSPITAL UNDER A PAIN SPECIALIST

# OPIATE REPLACEMENT THERAPY

- REFER TO A CPOP PROVIDER
- BECOME A 5 CASE CPOP PRESCRIBER BY DOING THE ONLINE COURSE VIA THE MENTAL HEALTH COMMISSION WEBSITE
- REFER TO NEXT STEP
- 1 PACKET OF NUROFEN PLUS APPROXIMATES 2MG S/L SUBUXONE
- HOWEVER IN HEAVY OPIATE USERS [PLENTY OF CODEINE FOR A LONG TIME OR CODEINE USERS WITH A HISTORY OF OTHER SIGNIFICANT OPIATE ABUSE] YOU MAY NEED 4 -6MG SUBUXONE
- 16MG SUBUXONE A DAY GIVES 80% U OPIOD RECEPTOR COVERAGE, 32 MG A 100%. 80% uReceptor Coverage required to block cravings and the pleasure effect from opiates.



# FINAL COMMENTS

- MANY OF THE OTC CODEINE USERS WILL NOT WANT THE STIGMA OF SUBUXONE BUT MANY WILL WELCOME THE NORMALISATION THAT COMES WITH SUBUXONE
- USE THIS OPPORTUNITY TO UNDERSTAND WHAT DRIVES THE USE OF CODEINE IN YOUR PATIENT
- MAINTAIN BOUNDARIES AND DON'T GET PUSHED INTO WRITING SCRIPTS TILL YOU ARE READY
- A ONCE A MONTH SUBUXONE INJECTION IS ON THE WAY

Thank you!

health<sup>e</sup>.care